## **BREAST CANCER SCREENING & FOLLOW-UP WORKSHEET**



	Cancer Detection frograms:
Recipient ID 9 A	Every Woman Counts
Recipient's	
Last	First Middle Initial
BREAST CANCER SCREENING	BREAST CANCER FOLLOW-UP
Breast Cancer Screening Performed through	Breast Cancer Diagnostic Procedures
Cancer Detection Programs: Every Woman Counts?	13.Additional mammographic views / /
☐ Yes ☐ No	14.Repeat Breast Exam/Surgical Consultation / /
Clinical Breast Exam	15.Ultrasound
2. CURRENT breast symptoms?	16.Biopsy/Lumpectomy / /
	17.Fine needle/Cyst aspiration / / / / / / / / / / / / / / / / / / /
3.Date of CURRENT CBE	18.Other procedure performed    MM / DD / YYYY
4. CURRENT Results obtained from a non-program provider	19. Specify: 20.Other procedure performed/_ /
5.CURRENT Clinical Breast Exam Results (Check one)	21. Specify:
☐ No breast abnormality ☐ Benign breast condition	22.Breast Cancer Diagnosis Status
Probably benign breast condition	(Check only one)
* Abnormality, rule out breast cancer	☐ Work-up complete
	Lost to follow-up (two phone calls and certified letter sent)
6.If CBE not performed, why not? (Check one)	☐ Work -up refused
☐ CBE not needed at this time ☐ CBE needed but not performed (includes	Died before work-up completed  23. Date of this diagnostic status //
refused/other/ reason unknown)	MM / DD / YYYY
, , , , , , , , , , , , , , , , , , , ,	24.Breast Cancer Final Diagnosis
7. PREVIOUS mammogram(s)?  Yes No Unknown	(Check only one)
8.Date of most recent : /	Not cancer
PREVIOUS mammogram: (MonthMM) / (YearYYYY)	Cancer in situ (Ductal or lobular not specified) Lobular Cancer in situ (LCIS) (AJCC Stage 0)
_	Ductal Cancer in situ (DCIS) (AJCC Stage 0)
☐ Date unknown	☐ Invasive Cancer 25. Date of this final diagnosis//
Mammogram	MM / DD / YYYY
9. Date of mammogram: <i>I</i>	26.Invasive Breast 27. Invasive Breast
10. <i>Mammography Results</i> (Check one)	Cancer Stage Cancer Tumor Size
□ Negative	(Check only one) (Check only one)
Benign	AJCC Stage I
Benign Probably benign	
<ul><li>* Suspicious abnormality</li><li>* Highly suggestive of malignancy</li></ul>	AJCC Stage IV S5cm
<ul><li>☐ * Highly suggestive of malignancy</li><li>☐ * Assessment incomplete</li></ul>	Stage unknown (check if Unknown
* Assessment incomplete  * Unsatisfactory, radiologist could not read	the invasive cancer stage
_ , ,	is unconfirmed or not available)
11. If mammogram not performed, why not? (Check one)  Not needed	28.Breast Cancer Treatment Status
☐ Needed but not performed (includes refused)	(Complete if final diagnosis is cancer)
	(Check only one)
Done recently, breast screening and follow-up services paid	Treatment initiated
with non-program funds	Referred for treatment (pending) Lost to follow-up (two phone calls and certified letter sent)
NEXT STEP	Treatment refused
12.Based on CURRENT CBE, mammogram, or the Recipient's	Treatment not needed
concerns, the next step for this Recipient is: (Check one)	☐ Died before entering treatment
Recipient should return for routine rescreen	29.Date of this treatment status:
* IMMEDIATE WORK-UP	MM / DD / YYYY
☐ Short-Term Follow-Up	